Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Case #: 35-30792		Mt. Vernon. IN
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County: Poscy		<u>47620</u>
	ure Location (a Residence Outbuilding Zehicle	check all that apply) If I I I I I I I I I I I I I I I I I I
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): ☐ Red Phosphorous/lodine Reaction(s): ☐ ☐ Flammable Solvents: _Garage ☐ ☐ Water Reactive Metal (Lithium): _Garage ☐ ☐ Anhydrous Ammonia: ☐ ☐ Hydrochloric Acid Gas Generator(s): _Garage ☐ ☐ Corrosive Acid: _Garage ☐ ☐ Other (item and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies Fire Department: Marrs Township Health Department: Posey County Child Protection Service: N/A For further information regarding this methamphetam	☐ Ephedrin☐ Retail/Modern Retail/Modern Retail/Modern Retail/Modern Retail/Modern Retail Ret	85-3823 38-8561 -

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.